

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/05/03.

I. DISPUTE

Whether there should be reimbursement to the injured employee for a hospital visit and out of pocket expenses for prescription medications.

II. RATIONALE

Rule 133.307(f) states "Employee Reimbursement Dispute. An employee who has paid for health care may request medical dispute resolution of a denied reimbursement. The employee may only pursue reimbursement up to the amount the employee paid the provider. Reimbursement shall be fair and reasonable in accordance with commission rules, and shall not exceed the Maximum Allowable Reimbursement (MAR) as established in the appropriate fee guideline, or in the absence of a fee guideline, the amount determined to be fair and reasonable for the health care. Health care requiring preauthorization or concurrent review pursuant to §134.600 of this title (relating to Preauthorization, Concurrent Review, and Voluntary Certification of Health Care) must have received the preauthorization or concurrent review approval. The employee's request shall be filed with the division in the form, format, and manner prescribed by the commission. The requestor shall submit two copies of the request to the division by any mail service or personal delivery and the division will forward one copy of the request to the insurance carrier via its Austin representative, the representative shall sign for the request. The request must be legible, must contain only a single copy of each document, and must include:

- (1) An explanation of the disputed fee issue(s);
- (2) Proof of employee payment for the health care for which the employee is requesting reimbursement (include receipts of payment made); and
- (3) A copy of any EOB relevant to the dispute, or, if no EOB was received, convincing evidence of carrier receipt of employee request for reimbursement.

The injured employee submitted a TWCC 60, Part V (Table of Disputed Services) listing services in dispute as a hospital visit, meds, Hydrocodone, Tramadol, and Cyclo Benzaprin. The table did not list dates of service for each item in dispute. Per conversation on 09/02/03, the injured worker stated that she had not paid for the hospital visit. She was attempting to secure payment from the insurance carrier to the hospital.

The injured employee submitted lists of medications dispensed by Randall's Pharmacy for dates 02/19/01 through 05/04/03. The injured employee submitted a receipt for date of service 05/04/03 in the amount of \$41.08 (out of pocket expenses) for medications Tramadol and Cyclobenzaprin.

The requestor did not provide EOB's or convincing evidence of the carriers' receipt of the injured employees' request for reimbursement. It does not appear the carrier has had an ample opportunity to review, reduce, deny or render payment. The requestor is required to submit request for reimbursement to the insurance carrier for review, prior to requesting Medical Dispute Resolution.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings, Decision and Order are hereby issued this 12th day of September 2003.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc